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FACSIMILE COVER SHEET

July 18, 2007

Receiver: Central Fax Number/Examiner Michael H. Thaler
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TEL #:

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Sender: Mary Terry, Patent Secretary for Dean E. Wolf

Our Ref. No.: MSKTP001

Your Ref: 10/644,601

Re: Amendment A

Pages Including Cover Sheet(s): 13

FAX CONTENTS:

Fax Cover Sheet – 1 page
Amendment Transmittal – 1 Page
Amendment A – 11 pages

MESSAGE:

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JUL 18 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Masket

Attorney Docket No.: MSKTP001

Application No.: 10/644,601

Examiner: Michael H. Thaler

Filed: August 20, 2003

Group: 3731

Title: METHOD AND APPARATUS FOR
PERFORMING AN ACCURATELY SIZED
AND PLACED ANTERIOR CAPSULORHEXIS

Confirmation No.: 5570

CERTIFICATE OF FACSIMILE TRANSMISSION:
I hereby certify that this correspondence is being transmitted by
facsimile to the United States Patent and Trademark Office,
Commissioner for Patents, Attn: Examiner Thaler, Fax No. (571)
273-8300, Alexandria, VA 22313-1450 on: July 18, 2007

Signed: 

Mary Terry

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	22	MINUS	20	02	x 25 = 2	x 50 =
Independent Claims	2	MINUS	3	00	x 100 = 0	x 200 =
Multiple Dependent Claim Present and Fee Not Previously Paid						
Total					\$50	\$0

- ☒ Applicant(s) hereby petitions for a 1 month extension(s) of time to respond to the
aforementioned Office Action.
- ☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is
determined that such an extension is required, Applicant(s) hereby petition that such an extension
be granted and authorize the Commissioner to charge the required fees for an Extension of Time
under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional
claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the
enclosed response, to Deposit Account No. 500388 (Order No. MSKTP001).

Respectfully submitted,
BEYER WEAVER LLP

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